

Job Referral Form
Cambridge Employment Program

51 Inman Street
Cambridge, MA 02139
Phone: (617) 349-6166
Fax: (617) 349-6175

Please make copies for each position to be posted.

Fill in this Job Referral Form and fax it back to the Cambridge Employment Program, so that we may begin to assist you in your company's employment needs. We are looking forward to working with you

Please tell us about your company:

Company Name: _____

Address: _____

Telephone #: () - Fax #: () - e-mail Address: _____

Please tell us about your employment opportunity that you would like to list.

Job Title: _____ Number of openings: ____ Contact Deadline: _____

Please describe the job or append a job description:

Is the location MBTA accessible? ☐ Yes ☐ No

How should the employer be contacted? (Check all that apply)

☐ Call First ☐ Send Direct ☐ Mail Resume ☐ Fax Resume ☐ CEP Staff should post job announcement

Contact Persons Name and Title _____

Work schedule: Include days & hours: _____

Position duration: _____ Permanent/ days + _____ Temporary-specify length of duration: _____

Salary- hourly, annually, range: _____ Is health insurance provided ☐ Yes ☐ No

Knowledge & skills required: _____

Experience required for this position:

☐ None ☐ Less than 1 year ☐ 1-3 years ☐ More than 5 years

Education requirement for this position:

☐ None ☐ English Literacy ☐ High School ☐ Tech School ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD. Other: _____